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PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033

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A/RE

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	5203-001REF
	First Named Inventor	Hongwei Zhao
	Original Patent Number	5,970,976
	Original Patent Issue Date (Month/Day/Year)	October 26, 1999
	Express Mail Label No.	EL 581 387 612 US

JC806 U.S. PTO
09/982276
10/17/01

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)

1. * Fee Transmittal Form (e.g., PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. Applicant claims small entity status. See 37 CFR 1.27.
3. Specification and Claims in a double column copy of patent format (amended, if appropriate)
4. Drawing(s) (proposed amendments, if appropriate)
5. Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?
 Yes No

(If Yes, check applicable box(es))

 Written Consent of all Assignees (PTO/SB/53)

 37 C.F.R. § 3.73(b) Statement Power of
(PTO/SB/96) Attorney

ACCOMPANYING APPLICATION PARTS

7. Statement of status/support for all changes to the claims See
37 CFR 1.173(c).
8. Original U.S. Patent for surrender
 Ribboned Original Patent Grant
 Statement of Loss (PTO/SB/55)
9. Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
10. Information Disclosure Copies of IDS
Statement (IDS)/PTO-1449 Citations
11. English Translation of Reissue Oath/Declaration
(if applicable)
12. Preliminary Amendment
13. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. Other: Patentee hereby offers to surrender the
original patent upon request.

14. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label



or Correspondence address below

27572

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NAME (Print/Type)	Gordon K. Harris, Jr.	Registration No. (Attorney/Agent)	28615	
Signature			Date	October 17, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORMDocket Number (Optional)
5203-001REF

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 12	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 24	**** 4 * 4	X\$9= 36		X\$ _____ =	
(C) 4		(D) 8		X\$42= 168		X\$ _____ =	
				Basic Fee (37 CFR 1.16(h))	\$370		\$ _____
				Total Filing Fee	\$574	OR	\$

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	X\$ _____ =	X\$ _____ =		
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	X\$ _____ =	X\$ _____ =		
					Total Additional Fee	\$	OR	\$

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 27 CFR 1.27. Please charge Deposit Account No. 08-0750 in the amount of _____.
A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 08-0750.
A duplicate copy of this sheet is enclosed. A check in the amount of \$ 574 to cover the filing / additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.**

October 17, 2001

Date

Signature of Applicant, Attorney or Agent of Record

Gordon K. Harris, Jr.

Typed or printed name